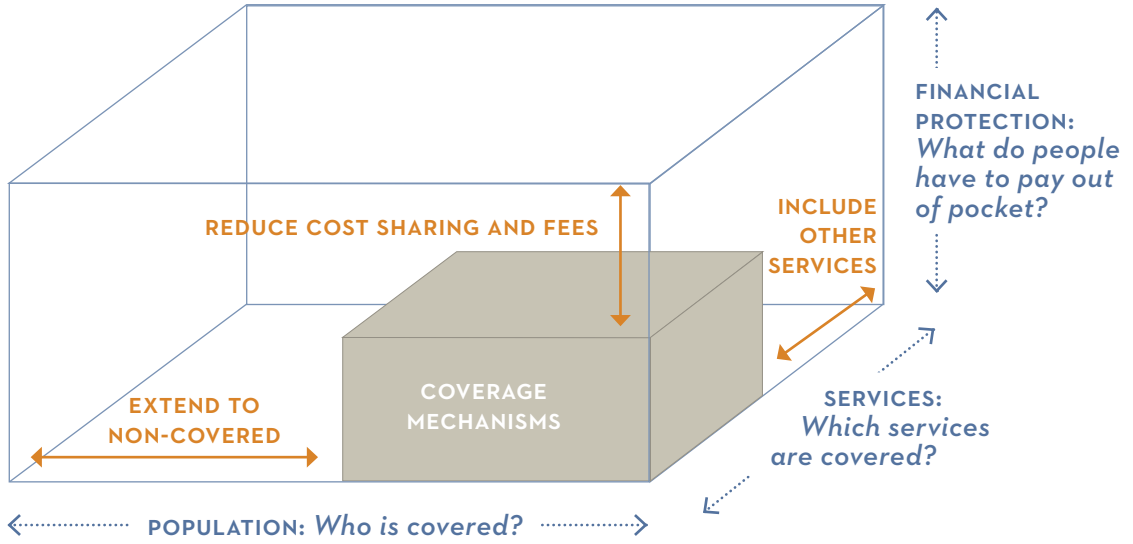
JOINT LEARNING NETWORK
For Universal Health Coverage

DESIGNING HEALTH BENEFITS POLICIES TO PROMOTE PRIMARY HEALTH CARE

COUNTRIES THAT ARE DEDICATED TO ACHIEVING UNIVERSAL HEALTH COVERAGE want a scheme that covers all individuals, but covering a full suite of medical services for the entire population is often impractical and would exceed available resources. Tradeoffs are inherent in all coverage schemes, including which services to cover, which populations to cover, and how much covered individuals should pay out of pocket for services. (See the figure below.)

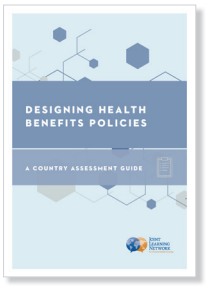
Because all countries have resource limitations, the design of the health benefits package must take into account the financial, technical, and economic capabilities of the country's health system. Failure to account for country capacity can lead to implicit rationing that does not align with country priorities. Not only should the benefits package be scaled to available resources and capacities, but the health system that implements the package should be coordinated in a way that enables covered services to be accessed by beneficiaries—either through providers or through public health interventions. These coordinating policies or regulations are what we refer to as *health benefits policies*.

DIMENSIONS OF UNIVERSAL HEALTH COVERAGE



Adapted from World Health Organization, 2010

Helpful Resources for Designing Health Benefits Policies



Designing Health Benefits Policies: ***A Country Assessment Guide***

Designing Health Benefits Policies: ***Country Assessment Reports***

In 2016, a group of committed country practitioners in the JLN Primary Health Care Initiative joined together to share knowledge on how to create effective health benefits policies as well as to address the lack of international guidance in this area. These practitioners formed the JLN Health Benefits Policy (HBP) Collaborative and began sharing experiences and compiling practical advice for use by other low- and middle-income countries.

The HBP Collaborative created a framework to guide policymakers in considering the potential objectives of benefits package creation and the complementary policy domains that enable the benefits policies. The framework is based on global best practices for creating and implementing health benefits packages that are appropriate to each country's unique health system.

The PHC Benefits Policy Framework offers a way to understand the considerations involved in designing a primary health care (PHC) benefits package and the overall health benefits policies. At the center of the framework is the benefits package. The choice of services to include in the package is the common starting point for countries that want to improve access to PHC services. The outermost circle shows the objectives commonly stated by policymakers for PHC-oriented reforms. The inner circle lays out the complementary policy domains that enable implementation of the benefits package to advance PHC objectives.

PHC Benefits Policy Framework

Objectives of PHC-Oriented Reforms

A country's specific objectives will inform how the package is formulated and implemented. The HBP Collaborative identified six of the most common objectives of PHC benefits package reforms:

- ***Health Outcomes:*** improving population health
- ***Financial Protection:*** limiting the burden of health care costs borne by patients
- ***Quality:*** improving the quality of care
- ***Efficiency:*** improving the cost-effectiveness of health care services
- ***Sustainability:*** improving the health system's financial viability by ensuring alignment between the services covered and available financing streams and by lowering long-term health expenditure growth
- ***Equity:*** ensuring that priority health services of good technical quality are available for all those in need, irrespective of economic, geographic, gender, ethnic, or other characteristics

Countries will have different priorities with respect to the six policy objectives. For example, some countries may place a greater emphasis on equity while others may ascribe more importance to quality of care. Health benefits policies should be consistent with each country's stated policy objectives.

Policy Domains

To accomplish PHC objectives, policymakers not only need to define the benefits package, but they also need to implement the package through a set of enabling policies. The PHC Benefits Policy Framework groups these policies into six domains:

- Financing: Mobilizing and Pooling Resources
- Financing: Payment Mechanisms
- Supply-side Strengthening
- Generating Demand
- Protocols and Pathways
- Accountability Mechanisms

The following table describes each domain and provides policy examples.

PHC Benefits Policy Domains

Policy Domain	Definition	Policy Examples
Financing: Mobilizing and Pooling Resources	The strategy for generating adequate financial resources to finance service delivery	• Introduce premiums (monthly, quarterly, or annual contributions from beneficiaries of the benefits package) into the coverage scheme for PHC services • Earmark a tax or a portion of a tax to finance PHC services • Allocate a share of government health spending to fund PHC services
Financing: Payment Mechanisms	Mechanisms that create incentives for providers to offer PHC services	• Use a blended provider payment mechanism for PHC to achieve desired objectives • Introduce consumer cost sharing for lower-priority care • Consolidate multiple payers to harmonize purchaser rate setting
Supply-side Strengthening	Government spending to improve provider capacity to deliver high-priority PHC services	• Modify laws to change the scope of practice for various medical specialties to enable task shifting • Assess provider readiness to deliver PHC services and fill gaps in training, staffing, and equipment • Build, equip, and staff new PHC facilities in places with limited physical access to care • Offer private providers payment for delivering benefits package services
Generating Demand	The strategy for educating the public about the health advantages of enrolling in the scheme and seeking PHC services	• Conduct outreach and education campaigns to inform the population about benefits package services and enrollment • Create and fund mechanisms to promote enrollment in the scheme • Engage civil society organizations when determining the composition of the benefits package in order to promote awareness of the new or modified set of services
Protocols and Pathways	The treatment protocols and referral pathways that improve the quality and efficiency of service delivery	• Develop or update standard treatment guidelines • Create primary, secondary, and/or tertiary referral networks • Link payment with provider adherence to protocols and pathways • Develop and implement portable electronic medical records
Accountability Mechanisms	The institutional framework for measuring access and evaluating provider delivery of covered services within the PHC benefits package	• Provide oversight of accreditation • Ensure a transparent process for setting priorities in the benefits package • Provide government funding for program evaluation grants • Provide government oversight of compliance with treatment guidance • Publish data on public websites on the use, cost, and quality of benefits package services and on benefits policy performance indicators